

18 SEP 1961



County Borough of Burton upon Trent

EDUCATION COMMITTEE

# ANNUAL REPORT

UPON THE  
SCHOOL HEALTH SERVICE

FOR THE YEAR 1960

BY

ROBERT MITCHELL

B.Sc., M.B., Ch.B., D.P.H.

*PRINCIPAL SCHOOL MEDICAL OFFICER*





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# Annual Report of the Principal School Medical Officer For the Year 1960

*To the Chairman and Members of the Education Committee,*

I have the honour to present my Annual Report for the year 1960.

We were again fortunate in having a full complement of medical staff. All attempts to recruit an additional full-time Dental Officer were unsuccessful, but, for the greater part of the year, we had the valuable assistance of part-time Dental Officers, which enabled some of the arrears of work in that department to be overtaken.

During the year, Mrs. Sylvia Gibbs, our Speech Therapist, who had been with us since 1952, left, and by the end of the year no replacement had been obtained. I wish to acknowledge the painstaking and valuable work of Mrs. Gibbs in that department. We are still without a physiotherapist.

There were no serious outbreaks of infectious disease during the year. There were 16 cases of scarlet fever, the same number as in 1959. There were 23 cases of measles, compared with 508 cases in 1959, and 29 cases of whooping cough, compared with 14 in 1959. There were no cases of tuberculosis in school children during the year.

I wish to record my gratitude to the Children's Care Committee, whose Secretary, Miss P. M. Evershed, arranged for 6 children to have periods varying between 4 and 8 weeks at convalescent homes, and to the Trustees of the Burton upon Trent Consolidated Charities, who provided maintenance of these children at the convalescent homes, amounting in all to 36 weeks.

I wish to express my thanks to the Committee for their support during the year, to the Director of Education and his staff, to the Heads of the Schools for their valuable assistance, to the general practitioners for their co-operation, and to Dr. G. M. Curtois, who has been largely responsible for the preparation of this report.

I am,

Your obedient Servant,

ROBERT MITCHELL,

*Principal School Medical Officer.*

# Staff of the School Health Service

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*Principal School Medical Officer :*

ROBERT MITCHELL, B.Sc., M.B., Ch.B., D.P.H.

*School Medical Officers :*

G. M. CURTOIS, M.R.C.S., L.R.C.P., D.P.H.

W. R. HENWOOD, B.Sc., M.B., B.Ch.

*Principal Dental Officer :*

P. DUFFIELD, D.F.C., L.D.S., B.D.S.

(Part Time)

*Speech Therapist :*

MRS. SYLVIA H. GIBBS, L.C.S.T.

(Part Time)

(Resigned 6/5/60)

*School Nurses :*

MRS. S. THARME, S.R.N., R.S.C.N.

MISS O. D. MARKS, S.R.N.

*Dental Technician :*

D. A. ALLEN

(Part Time)

(Commenced 11/1/60)

*Dental Attendants :*

MRS. N. E. WOOLLEY

MRS. P. WILLEY

(Part Time)

*Clerks :*

MISS J. BROWN

MRS. S. M. HARRISON

**1. Staff Changes.** There has only been one change in the Staff of the School Clinic. Our Speech Therapist, Mrs. Sylvia Gibbs, who has been with us since September, 1952, left to join her husband, Dr. Michael Gibbs, in Mansfield. The work done by Mrs. Gibbs in helping the children of Burton with speech difficulties has been invaluable, and the fact that we have been unable to find anyone to replace her at present has made us realise even more fully the importance of Speech Therapy in the School Medical Service.

There have been no changes in the Dental or Nursing Staff this year, but the Dental Staff has been augmented for short periods by two part-time Assistant Dental Officers, Mr. White and Mr. Lucas, whose help has been much appreciated.

**2. Medical Inspection.** The procedure adopted two years ago was continued this year. Briefly it is as follows :

The School Medical Officers have carried out routine inspections of infants and school leavers. Inspections of children in Junior schools have been confined to the re-inspections of children with known defects. Close collaboration with Head Teachers has also been maintained and any children which the Head Teacher is in doubt about have been examined by the School Medical Officers. This modification of School Routine Inspection is in line with Ministerial Policy which advocates more frequent visits to Schools and fewer routine inspections.

Frequent visits to the schools are also made by the School Nurses, who carry out vision testing and head inspections on all the school children. Any defects of importance are reported to the school Medical Officers, who arrange to see these children as soon as possible.

The attendance of parents at the examinations of the older age group has improved, and it is extremely good during the initial examinations at infants schools. The interest and co-operation of parents is desirable at all the routine medical examinations of a child at school, in order that the child may obtain the maximum benefit of any advice which the doctor may give.

It is felt that the general improvement in the standard of health of the school population has reduced the importance of Routine

Medical Inspections. The increase in importance of preventive medicine however has made close co-operation between the School Staff and the Staff of the School Clinic even more necessary.

The scheme outlined above, which is now in force, reduces the number of Routine School Inspections, but at the same time leads to closer co-operation.

There is a lack of suitable accommodation for medical inspections in the older schools, though some of the new schools which have been recently built have good facilities for medical inspections. Through the excellent co-operation of Head Teachers, however, the work has progressed satisfactorily.

The School Clinic, which for many years has had rather a dark and sombre note, has this year achieved a "new look". The interior has been completely re-decorated with light, bright colouring, which has changed the whole appearance and is now in line with modern hospital trends. The Departments concerned in the re-decoration are to be congratulated on the excellence of the work, and also for the sympathy and consideration they gave to the views of the Clinic Staff when effecting these changes.

### **3. Findings of the Medical Inspection and Treatment of Defects.**

(a) **General Condition.** On examination the children are divided into two categories : " Satisfactory " and " Unsatisfactory ", according to their physique, height-weight ratio and present state of health.

The general condition of entrants during 1960 is shown below :

Satisfactory	Unsatisfactory
99.8	0.2

On the whole, the standard of nutrition is high, and the general condition of the children can be regarded as satisfactory.

The small percentage in the " Unsatisfactory " category are kept under strict observation, and everything possible has been done to assist these cases, e.g. Convalescent Home, Ultra Violet Light Therapy, and medical or surgical care when and where necessary.

(b) **Nose and Throat Defects.** Medical Inspection revealed 173 defects of the nose and throat, the great majority being as previously, enlargement of tonsils and adenoids.

Cases where operative treatment is considered necessary are, with the co-operation and assent of the general practitioners, referred to Mr. R. L. Flett, F.R.C.S., E.N.T. Surgeon at the General Hospital, who has been most helpful in dealing with cases regarded by the School Medical Service as being in need of urgent treatment.

It is satisfactory to be able to report that most of the children with unhealthy tonsils and adenoids derive benefit from having them removed.

(c) **Ear Defects.** There has been a slight increase in the number of cases of ear defects found amongst school children during the year.

All the children were treated at the School Clinic.

There were 93 treatments carried out during the year, the majority being for Otitis Media.

**Deafness.** During 1960, 7 children from Burton upon Trent were in residential schools. 4 in The Royal Institute for the Deaf at Derby, and 3 in Needwood Residential Special School for Partially Deaf Children.

(d) **Defects of Vision.** The special Eye Clinic provided at the Burton General Hospital for school children continued to function well.

(a) The number of cases referred to the Ophthalmologist during 1960 was 300.

(b) The number of cases to whom prescriptions for spectacles were given was 186.

As previously, the parent of a child found with defective vision is given the option of attending his or her own doctor, or the Eye Clinic held at the Burton General Hospital for school children, or to attend an optician of his or her own choice.

(e) **Orthopaedic Defects.** Children suffering from orthopaedic abnormalities requiring active treatment, are referred to the Burton General Hospital, with the assent of the child's own doctor.

Advice is given at the School Clinic for minor defects.

As previously, poor posture, flat feet, and knock knees are the commonest orthopaedic defects found in school children.

118 children were found with orthopaedic defects at the school routine examinations.

(f) **Diseases of the Skin.** No cases of scabies were found during the year.

The number of cases seen previously is as follows :

1959—1. 1958—0. 1957—7. 1956—3. 1955—0. 1954—0.  
1953—0. 1952—3. 1951—6. 1950—19. 1949—20.

13 children were treated for warts (other than plantar warts), mostly on the hands. Various methods of treatment were used, but the most successful and satisfactory was found to be Carbon Dioxide Snow, three applications being usually required.

Other skin conditions, including impetigo, totalled 48, compared with 62 in 1959.

(g) **Speech Defects.** Mrs. S. H. Gibbs, L.C.S.T., Speech Therapist, continued to give speech therapy at the School Clinic, until the beginning of May, when she resigned.

### **Speech Therapy (1st January—5th May, 1960)**

Number of Cases listed .. .. . 121

Including :—

(1) Number of Cases receiving treatment ..	105	} 121
(2) Number of Cases Preliminarily Interviewed	9	
(3) Number of Cases listed to attend but who failed to do so by April, 1960 ..	3	
(4) Number of Cases suspended—to be seen later .. .. .	4	

Number of Males	} of 105 treated	..	..	..	{ 64 }	105
Number of Females		..	..	..	{ 41 }	
Number of Stammerers	..	..	..	..	31	105
Number of Sound Defects (Dyslalia)	..	..	..	..	55	
Number of Stammerers + Dyslalia	..	..	..	..	7	
Number of Cleft Palates	..	..	..	..	5	
Number of Cerebral Palsies	..	..	..	..	2	
Number of Deaf + Dyslalia	..	..	..	..	2	105
Number of Cases arising from Neurological Difficulties					3	
Number of Cases Discharged	..	..	..	..	..	17
Including :—						
(1) Cured or very good progress	..	..	..	..	14	17
(2) Parent's request	..	..	..	..	2	
(3) Lack of co-operation by Parents	..	..	..	..	1	
Number under observation up to 5th May, 1960	..	..	..	..	..	51
Number of County Cases treated	..	..	..	..	..	1
Number on Waiting List at end of April, 1960	..	..	..	..	..	94
Number of New Cases admitted	..	..	..	..	..	18
Number of Cases re-admitted for 2nd trial	..	..	..	..	..	1
Number of Cases referred for Specialist Treatment						
or further Medical Advice	..	..	..	..	..	22
Number of Clinical Sessions held	..	..	..	..	..	103
Total Number of attendances	..	..	..	..	..	453

(h) **Infestation with Vermin.** The total number of school examinations by School Nurses was 9,957. 246 children were found to be infested with vermin, and there were 28 exclusions.

The older age groups, especially girls, are still the worst offenders.

The appropriate treatment for these children is available at the School Clinic, and they are allowed to attend school if they are accepting this treatment. A child who does not attend the School Clinic for treatment is excluded from school until certified clean.

No cleansing notices were issued during 1960.

(i) **Plantar Warts.** The number of children attending the School Clinic for treatment of plantar warts is still high. 76 new cases were treated during the year.

As in previous years, there were far more girls affected than boys, there being 50 girls and 26 boys.

The age distribution of the cases is also of interest, there being only 14 cases under the age of 10, the remaining 62 being between 11 and 15 years old.

Last year, we gave a thorough trial of both Chlorosal and Carbon Dioxide Snow, both separately and in combination. As Chlorosal alone proved on the whole the most satisfactory method of treatment, it has now been adopted as the routine treatment for plantar warts in this Clinic. Four applications are usually required before the warts can be completely eradicated, a few, however, have needed as many as eight applications before a satisfactory result was obtained.

The Head Teachers of the different schools have been requested to be on the look-out for such conditions and to urge affected children seek to treatment at the School Clinic.

As plantar warts can be both painful and disabling, it is important that treatment should be established as soon as possible.

(j) **Enuresis.** In view of good reports having been made from time to time in the treatment of this distressing complaint by the use of electric alarm machines, it was decided to give them a trial in Burton.

Eight of these alarm buzzers were purchased and have been in use throughout the year.

Some very encouraging results have been seen, but as would be expected there have also been disappointments. On the whole, the good results were achieved when both parent and child were keen to give it a good trial. Conversely, when either parent or child was unco-operative, the result has been very poor.

Up to date, 34 children have been treated with the following results :

Cured	..	..	..	..	16
Some improvement			..	..	6
No improvement	..	..	..		12

Although perhaps it may be argued that sufficient time has not elapsed since we started using these alarms to claim 16 cures, the follow-up evidence we have so far collected, shows no tendency for these cases to relapse.

### **Report of the Principal School Dental Officer**

#### **School Dental Service—Annual Report for the Year 1960**

The year has given an indication of what could be achieved if your School Dental Service was fully staffed. For nine months, the part time services of a recently qualified Dental Surgeon were obtained and, for three months, the part time services of a second Dental Surgeon, recently released from the Forces, were available. The increase in surgery time devoted to patients was 55% greater than in the previous year, and almost all of this was given to conservative treatment. As will be seen from the statistical table, nearly three times as many permanent teeth were filled as in the preceding year. In other respects the figures for treatment are very similar to those of the previous year. At the end of the year, one of the part time Dental Surgeons was commissioned into the Royal Naval Dental Service and the other moved into an industrial Dental Practice.

During the latter part of this year, a high-speed Air Turbine Drill was installed in the Dental Surgery and it is hoped that this will help in the provision of a greater proportion of conservative treatment. Also, a dental laboratory was equipped, and Mr. D. A. Allen was appointed as Dental Technician. While this has not increased the dental treatment provided, it has made easier the supervision and consultation necessary in the construction of dentures and orthodontic appliances.

However, the essential feature of your Dental Service are the Dental Surgeons, and while the service continues to be the Cinderella of the National Health Services, then the improvements shown during last year cannot be maintained. It should be added here that, from the thoughts expressed by the two Dental Officers who assisted during the year, it would appear that if remuneration offered in the School Dental Services had been comparable with that obtainable in other fields of dentistry, then it is highly probable that your Dental Service would now be fully staffed. If it should be thought that your Principal Dental Officer is indulging in some wishful thinking, your attention is drawn to the report of the Royal Commission on the Remunerations of Doctors and Dentists in the National Health Service, which was issued during the year, the recommendations of which have now been accepted by both the Government and the Dental Profession. One of these recommendations is that the **average** dentist should earn £2,500 per year from the National Health Service sections of his practice. There are few Principal Dental Officers in Local Authority Service who achieve this figure, even at the maximum of their scale. The inference that the School Dental Surgeon is inferior to the average dentist is not likely to be tolerated by most active young Dental Surgeons.

Dental Health Education has again been severely limited because of demands on the services of the staff which required them to spend much time in the dental surgery. This is unfortunate, because the vicious circle of dental neglect and emergency treatment, will never be properly broken without a comprehensive and continual programme of Dental Education. This programme would now have to include the many schools which have organised tuck shops to sell, under conditions opposed to good dental health, those commodities most likely to initiate dental decay.

As this is likely to be the last report I shall make as your Principal Dental Officer, may I express my thanks to Dr. Robert Mitchell, Mr. A. H. Blake, and all the members of the staff of the Council's Health and Education Departments for their encouragement and help, and express my regret that people in high places have not seen fit to put the School Dental Service in the position of top priority, where it properly belongs, in the National Health Service.

PETER DUFFIELD, L.D.S., B.D.S.,

*Principal Dental Officer.*

**4. Handicapped Pupils.** The distribution of Handicapped Pupils in this area is shown in the following table.

Handicap	Attending special School	At ordinary School	At no School	Total not attending special School
Blind .. ..	1	—	—	—
Partially Sighted .. ..	3	1	1	2
Deaf .. ..	3	—	—	—
Partially Deaf .. ..	5	1	—	1
Delicate .. ..	—	6	—	6
Educationally Sub-normal	5	59	—	59
Epileptic .. ..	2	1	—	1
Physically Handicapped ..	7	24	2	26
Maladjusted .. ..	1	3	—	3
Speech Defect .. ..	—	163	—	163
	27	258	3	261

Ascertainment of Educationally Sub-normal Children was continued throughout the year. 50 children were assessed during 1960 with the following results :—

Children examined under Section 57 (5)	..	..	—
Children examined under Section 57 (3)	..	..	—
Children examined and found E.S.N.	..	..	28
E.S.N. Children re-examined	..	..	—
Children examined and found normal	..	..	19
Children examined and found maladjusted	..	..	3

The special classes for retarded children now at Christ Church School and Horninglow Secondary Modern School continue to function satisfactorily.

These classes were visited during the year by medical officers who found that good progress is being made with these children.

In view of the increased number of children ascertained as Educationally Sub-normal, it is considered that additional classes are required.

**Child Guidance Clinic.** There is still no Psychiatrist available for Child Guidance, as it has not been found possible to replace Dr. Fox at the Child Guidance Clinic, Lichfield. This is unfortunate, as a clinic of this nature is of inestimable value when dealing with mal-adjusted children and their parents.

## 5. Infectious Diseases.

**Diphtheria Immunisation.** During the year, 281 children completed a full course of immunisation, and 476 received a reinforcing or booster dose of diphtheria antigen.

The number of cases of Infectious and other Notifiable Diseases occurring in school children during 1960 was as follows :—

<i>Disease</i>	<i>Number notified</i>	<i>Admitted to Hospital</i>
Diphtheria .. .. .	0	0
Poliomyelitis .. .. .	0	0
Scarlet Fever .. .. .	16	0
Whooping Cough .. .. .	29	0
Meningococcal Meningitis .. .. .	0	0
Measles .. .. .	23	0
Pneumonia .. .. .	3	0
Respiratory Tuberculosis .. .. .	0	0
Non-Respiratory Tuberculosis .. .. .	0	0
	<hr/>	<hr/>
	71	0
	<hr/>	<hr/>

## B.C.G. Vaccination.

B.C.G. Vaccination, now under the care of Dr. M. B. Paul, Chest Physician, is carried out at the Chest Clinic. Child contacts of all cases of Tuberculosis are Tuberculin Tested, and if found negative are offered B.C.G. Vaccination.

18 school children were successfully vaccinated in 1960.

## 7. Deaths of Children of School Age.

During the year 3 school children died :—

- (1) Boy aged 12 years .. I (a) Cerebral Haemorrhage due to  
(b) Collision with private car while riding pedal cycle.
- (2) Boy aged 10 years .. I (a) Uraemia  
(b) Chronic Nephritis
- (3) Boy aged 9 years .. I (a) Acute Heart Failure (Corpulmonale)  
(b) Chronic Bronchitis and Emphysema

### 8. Minor Ailments.

The Authority maintains the School Clinic which is situated in a specially-adapted building at No. 32 Union Street. This building is used for School Medical purposes, and it also contains the Speech Therapy Clinic. Minor Ailments Clinics with a School Medical Officer in attendance are held daily, between 9 and 10 a.m., including Saturdays and those periods when schools are closed for holidays.

All Medical Records of School Children are kept at the School Clinic, and these are frequently referred to by Medical Officers when making special medical examination of children.

During 1960, there were 2,027 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfection. This figure showed an increase of 87 over the attendances for 1959.

### 9. Employment of School Children.

The following table shows the number of children examined and passed fit for employment.

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Newspaper Delivery	..	..	148	13	161
Shop Assistants	..	..	1	3	4
Errands	..	..	9	2	11
			<hr/>	<hr/>	<hr/>
			158	18	176
			<hr/>	<hr/>	<hr/>

### 10. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :—

Children	..	..	..	540,329
Staff and Helpers	..	..	..	55,073
Students	..	..	..	4,107
				<hr/>
Total	..	..	..	599,509
				<hr/>

7,859 children were supplied with milk during the year.

**11. Children's Care Committee.** I am indebted to Miss P. M. Evershed for the following report, and I thank the Committee for this valuable assistance.

## CHILDREN'S CARE COMMITTEE

### Report for the Year 1960

The Children's Care Committee was appointed by the Education Committee for work in 1960, and was constituted as follows :—

Miss P. M. Evershed, Mrs. J. George, Mrs. R. Lorimer, Mrs. E. M. Macgilp, Mrs. S. H. Morris, Mrs. Perry, Miss G. Rowland.

The Officers elected for 1960 were :—

<i>Chairman</i>	..	..	..	Mrs. E. M. Macgilp
<i>Vice-Chairman</i>	..	..	..	Mrs. J. George
<i>Hon. Secretary and Treasurer</i>	..			Miss P. M. Evershed

In January, the Committee received the resignation of Mrs. S. H. Morris, owing to ill-health, with great regret. Mrs. Morris joined the Committee in January, 1951, and had been a most reliable and excellent helper, and would be greatly missed.

The Committee met four times during the year.

Six Cases were reported to them and were dealt with as follows :

1. Girl aged 13 years.	Sent to Convalescent Home, West Kirby for 4 weeks
2. Boy " 12 " " " " " " "	4 "
3. Girl " 8 " " " " " " "	8 "
4. Girl " 12 " " " " " " "	4 "
5. Boy " 9 " " " " " " "	8 "
6. Girl " 5½ " " " " " " "	8 "

In March, a notice was received from the West Kirby Convalescent Home stating that the maintenance fees would be increased on April 1st from 17/10 to 20/6 per day. Several letters were received from parents stating that they appreciated the benefit their children had received from their stay in the Convalescent Home. The Committee record their thanks to the Feoffees for a grant of £25 and for providing Convalescent Home treatment for 6 children for 36 weeks.

ETHEL M. MACGILP,  
*Chairman.*

PHYLLIS M. EVERSLED,  
*Hon. Secretary.*

11th January, 1961.

# MEDICAL INSPECTION TABLES, 1960

## Number of Children.

Average number of children on the roll	..	..	9,625
Average attendance	..	..	8,855

Table 1

## Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

### A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected and Number of Pupils examined in each :

Entrants	..	..	..	..	..	710
Leavers	..	..	..	..	..	746
Others	..	..	..	..	..	110
Total	..	..	..	..		1,566

### B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	743
Number of Re-Inspections	..	..	..	..	1,061
Total	..	..	..	..	1,804

### C.—PUPILS FOUND TO REQUIRE TREATMENT

Age Groups Inspected (by year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Table III	Total individual pupils
(1)	(2)	(3)	(4)
1956 and later	—	1	1
1955	—	11	11
1954	—	3	3
1953	—	—	—
1952	—	—	—
1951	—	—	—
1950	—	—	—
1949	—	—	—
1948	—	—	—
1947	—	—	—
1946	1	—	1
1945 and earlier	21	17	37
TOTAL .. ..	22	32	53

**D.—CLASSIFICATION OF THE PHYSICAL CONDITION  
OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED  
IN TABLE 1 A**

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
(1)	(2)				
1956 and later	8	8	100	—	—
1955	702	700	99.7	2	0.3
1954	87	87	100	—	—
1953	19	19	100	—	—
1952	1	1	100	—	—
1951	1	1	100	—	—
1950	2	2	100	—	—
1949	—	—	—	—	—
1948	—	—	—	—	—
1947	—	—	—	—	—
1946	11	11	100	—	—
1945 and earlier	735	732	99.5	3	0.5
<b>TOTAL .. ..</b>	<b>1566</b>	<b>1561</b>	<b>99.6</b>	<b>5</b>	<b>0.4</b>

**Table II**  
**Infestation with Vermin**

(i)	Total number of individual examinations of pupils in Schools by the School Nurses or other authorized persons ..	9,957
(ii)	Total number of individual pupils found to be infested ..	246
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
(iv)	Number of individual pupils in respect of whom Cleansing Orders were issued (Section 54 (3) Education Act, 1944)	—

Table III

## Defects found by Medical Inspection

## A.—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4	Skin .. ..	2	29	6	37	—	7	8	73
5	Eyes—								
	(a) Vision .. ..	—	5	23	121	—	—	23	126
	(b) Squint .. ..	3	21	—	22	—	—	3	43
	(c) Other .. ..	—	4	3	17	1	1	4	22
6	Ears—								
	(a) Hearing .. ..	—	7	—	9	—	1	—	17
	(b) Otitis Media .. ..	—	20	1	10	—	9	—	39
	(c) Other .. ..	—	11	4	12	1	2	5	25
7	Nose and Throat .. ..	1	137	—	21	—	14	1	172
8	Speech .. ..	5	77	1	6	1	2	7	85
9	Lymphatic Glands .. ..	—	84	—	5	—	9	—	98
10	Heart .. ..	—	7	—	17	—	—	—	24
11	Lungs .. ..	—	18	—	11	—	4	—	33
12	Developmental—								
	(a) Hernia .. ..	—	3	—	2	—	—	—	5
	(b) Other .. ..	1	19	—	4	—	4	1	27
13	Orthopaedic—								
	(a) Posture .. ..	—	—	—	10	—	—	—	10
	(b) Feet .. ..	—	—	—	32	—	1	—	33
	(c) Other .. ..	—	34	—	37	—	4	—	75
14	Nervous System—								
	(a) Epilepsy .. ..	—	1	—	1	—	—	—	2
	(b) Other .. ..	—	4	—	5	—	—	—	9
15	Psychological—								
	(a) Development .. ..	—	6	—	4	—	—	—	10
	(b) Stability .. ..	—	71	1	14	—	8	1	93
16	Abdomen .. ..	—	6	1	3	—	2	1	11
17	Other .. ..	—	5	2	4	—	—	2	9

Table III (continued)

## B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)					Special Inspections	
						Requiring Treatment (3)	Requiring Observation (4)
4	Skin	..	..	..	..	1	1
5	Eyes—(a) Vision	..	..	..	..	29	1
	(b) Squint	..	..	..	..	—	—
	(c) Other	..	..	..	..	1	—
6	Ears—(a) Hearing	..	..	..	..	1	—
	(b) Otitis Media	..	..	..	..	1	..
	(c) Other	..	..	..	..	5	—
7	Nose and Throat	..	..	..	..	1	1
8	Speech	..	..	..	..	1	—
9	Lymphatic Glands	..	..	..	..	—	—
10	Heart	..	..	..	..	—	—
11	Lungs	..	..	..	..	—	—
12	Developmental— (a) Hernia	..	..	..	..	—	—
	(b) Other	..	..	..	..	2	1
13	Orthopaedic— (a) Posture	..	..	..	..	—	—
	(b) Feet	..	..	..	..	—	1
	(c) Other	..	..	..	..	—	1
14	Nervous System— (a) Epilepsy	..	..	..	..	—	—
	(b) Other	..	..	..	..	—	—
15	Psychological— (a) Development	..	..	..	..	1	1
	(b) Stability	..	..	..	..	1	2
16	Abdomen	..	..	..	..	1	—
17	Other	..	..	..	..	4	—

**Table IV**  
**Treatment Table**

**Group 1.—Eye Diseases, Defective Vision and Squint**

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint .. .. .	17	7
Errors of refraction (including squint) .. .. .	—	314
TOTAL .. .. .	17	321
Number of pupils for whom spectacles were prescribed .. .. .	—	186

**Group 2.—Diseases and Defects of Ear, Nose and Throat**

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear .. .. .	—	—
(b) for adenoids and chronic tonsillitis .. .. .	—	175
(c) for other nose and throat conditions .. .. .	—	—
Received other forms of treatment .. .. .	16	—
TOTAL .. .. .	16	175
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1960 .. .. .	—	—
(b) in previous years .. .. .	—	2

**Group 3.—Orthopaedic and Postural Defects**

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients departments .. .. .	—	120

**Group 4.—Diseases of the Skin (excluding uncleanness)**

	Number of cases treated or under treatment during the year by the Authority
Ringworm—(i) Scalp .. .. .	—
(ii) Body .. .. .	—
Scabies .. .. .	—
Impetigo .. .. .	6
Other skin diseases .. .. .	42
<b>TOTAL .. .. .</b>	<b>48</b>

**Group 5.—Child Guidance Treatment**

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority .. .. .	Nil
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**Group 6.—Speech Therapy**

Number of pupils treated by Speech Therapists under arrangements made by the Authority .. .. .	105
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**Group 7.—Other Treatments Given**

(a) Number of cases of miscellaneous minor ailments treated by the Authority .. .. .	60
(b) Pupils who received convalescent treatment under School Health Service arrangements .. .. .	Nil
(c) Pupils who received B.C.G. vaccination .. .. .	18
(d) Other than (a), (b) and (c) above .. .. .	Nil

Total number of attendances at Authority's Minor Ailments Clinics .. .. .	2,027
Total number of attendances including uncleanness .. .. .	2,743

Table 5.

**Dental Inspection and Treatment.**

1.	Number of Pupils inspected by the Authority's Dental Officers—						
	(a)	At Periodic Inspections	NIL	}	Total (1)	..	2764
	(b)	As Specials ..	2764				
2.	Number found to require treatment .. .. . 2753						
3.	Number offered treatment .. .. . 2758						
4.	Number actually treated .. .. . 2753						
5.	Number of attendances made by pupils for treatment, including those recorded at 11 (h) .. .. . 4609						
6.	Half days devoted to :						
	(a)	Periodic School Inspection	NIL	}	Total (6)	..	474
	(b)	Treatment .. ..	474				
7.	Fillings :						
	(a)	Permanent Teeth	.. 1363	}	Total (7)	..	1382
	(b)	Temporary Teeth	.. 19				
8.	Number of Teeth filled :						
	(a)	Permanent Teeth	.. 1351	}	Total (8)	..	1370
	(b)	Temporary Teeth	.. 19				
9.	Extractions :						
	(a)	Permanent Teeth	.. 1737	}	Total (9)	..	3950
	(b)	Temporary Teeth	.. 2213				
10.	Administration of general anaesthetics for extraction .. .. 1399						
11.	Orthodontics :						
	(a)	Cases commenced during the year	.. .. .				21
	(b)	Cases carried forward from previous year	.. .. .				37
	(c)	Cases completed during the year	.. .. .				15
	(d)	Cases discontinued during the year	.. .. .				3
	(e)	Pupils treated with appliances	.. .. .				21
	(f)	Removable appliances fitted	.. .. .				23
	(g)	Fixed appliances fitted	.. .. .				3
	(h)	Total attendances	.. .. .				166
12.	Number of pupils supplied with artificial teeth .. .. 81						
13.	Other operations :						
	(a)	Permanent teeth	.. 805	}	Total (13)	..	818
	(b)	Temporary teeth	.. 13				

## APPENDIX

### PHYSICAL EDUCATION REPORT FOR THE YEAR 1960

**Introduction :** The abiding impression of the past year is of a serious application in the schools to the task of providing physical activities for large numbers of pupils full of vitality and eager to participate.

#### Work in the Primary School

With the increased provision of portable climbing apparatus for the 5-7 age group it was considered that 4 sessions on P.E. in the Infant School to include demonstrations, lectures and discussions, would be welcomed and excellent support was given to the series by teachers in all the Primary Schools. Following this course it was most encouraging to see the efforts made with movement training both in the all-purpose halls and on the school playgrounds. The importance of stripping down to a vest, short trousers or interlock knickers, socks and flexible plimsolls with the addition of a pullover on a cold day is now appreciated by parents both for reasons of safety on apparatus and for giving complete freedom of movement. The provision of apparatus designed for portability and use both indoors and outdoors is now well established, but to ensure that large classes are adequately catered for and to assist with the important time factor, the problem of provision of fixed apparatus in the all-purpose halls has yet to be solved.

#### Junior Games Training

To reach a high standard in the Senior School valuable preparation can be given in the Junior Schools in the development of certain skills essential in the playing of major games. Senior and Junior Teachers attended an evening meeting to observe and discuss "Games Training in the Junior School" organised in connection with the "Experiment in the Coaching of Lawn Tennis" Winter and Summer games for boys and girls came under review and special emphasis was given to the development of ball skills from 5 years of age upwards using sticks, bats and balls and to the playing of small-side team games in the Junior School. The inclusion of Padder Tennis as an introduction to Lawn Tennis and played as a major game in the summer months in the Primary Schools was well received.

## **Tennis**

It was considered that with the excellent facilities for tennis at the Girls' High School, the Boys' Grammar School, Horninglow Secondary School and Hillside Secondary School, together with the Parks Department Courts at Newton Road and Shobnall Fields recreation ground an interesting 2 year's experiment in the Coaching of Lawn Tennis should be conducted. A Teachers Training Course with Mr. Jack Moore as the coach was attended by 16 Teachers. Mr. Moore followed up his course by visiting the teachers taking their own classes and this will be continued in 1961. Enthusiasm amongst teachers and pupils was high and it was pleasing to note the inclusion of tennis as an out of school activity in addition to the normal games lesson. A Tennis Club for boys and girls attending all the Secondary Schools in the Borough was organised for 6 hours a week throughout the Summer at the Shobnall Fields Tennis Courts. Coaching was available and was received with enthusiasm by the young people.

## **Swimming**

The inclusion of Winter Swimming for the first time since 1953 was received with mixed feelings by Headteachers concerned with staff shortages and interruptions to the school timetables by time taken up in travelling to the Baths. Unfortunately the learners bath was not available and Junior Teachers who were eager to attend were naturally hesitant in taking groups of beginners in the shelving 1st Class Bath. Attendance of classes during the Winter months was high and the improvement in swimming was most noticeable.

## **Outward Bound School**

The number of girl candidates to the Outward Bound School was doubled but demand for places was very high and it was regretted that it was not possible to send more candidates. Interesting reports were received on the progress of the 4 girls who varied in mental and physical ability and in their home backgrounds.

## **CAMPING**

A Standing Camp extending over seven weeks was held in Monsal Dale, Derbyshire. Parties of boys from three secondary schools enjoyed Camping partly as a means to an end and partly as a pleasure

in itself. Training and testing for the expedition section of the Duke of Edinburgh's award scheme were carried out from the Standing Camp. Good weather lasted up to June (appalling though it was thereafter).

### PLAYING FIELD

While there has been no single substantial addition to our playing field acreage, there have been important developments to existing fields. Work started at the Grammar School on the levelling of 4 additional acres to bring the turf area to 12 acres. The two small fields at Joseph Clark School have been tile-drained. Drainage improvements have been put in hand at William Hutson. At Hillside the diversion of a water course from adjacent land has resulted in recovering 2 acres of playing field, which was formerly regarded as unfit for winter use.

This total of 12 acres (approx.) marks another increase of acreage which has been reported regularly since 1951, when the modest Water-side Primary Playing Field of 2 acres started off the post-war developments.

J. E. KENDALL,

J. W. PARKINSON,

*Organisers of Physical Education.*



